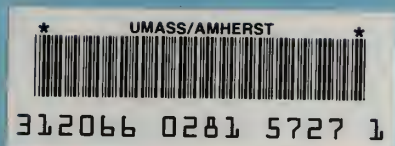


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The 1979 NDATUS  
A Survey of Drug Treatment Services  
in the Commonwealth

GOVERNMENT DOCUMENTS  
COLLECTION

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## INTRODUCTION

In recent years, the need for drug abuse treatment services has been identified as a major component in the health care delivery system. Drug abuse treatment ranges from methadone maintenance and detoxification to the more traditional forms of drug free counseling. Individual states maintain the responsibility of allocating treatment funds in a manner which provides a broad range of services to the drug abuser. Each year, the National Institute on Drug Abuse (NIDA), surveys drug treatment facilities, on a nationwide basis, to determine funding, staffing, and available services. NIDA developed the National Drug Abuse Treatment Utilization Survey (NDATUS) as an instrument for collecting data on available services, capacities, utilization rates, staffing and budgetary information. The information provides NIDA and individual states with a broad picture of reality.

In the past two years, the survey has undergone a number of revisions. Each revision has combined important information previously collected by other agencies. Combining such information has decreased the need for multiple reporting by treatment facilities. The 1978 NDATUS incorporated certain critical information on methadone and LAAM dispensing required by the FDA. The survey conducted in 1979 collected not only FDA information, but also information for the National Institute on Alcohol Abuse and Alcoholism (NIAAA). The name of the survey was changed to the National Drug and Alcoholism Treatment Utilization Survey (NDATUS). The combined efforts of NIDA, the FDA, and NIAAA are an important step in constructing a joint MIS which would maximize information while minimizing requirements at the program and clinic level.

The NDATUS completed in 1979 was designed to collect information from active Treatment Service Units (TSUs). A TSU, according to NIDA is described as follows: "A Treatment Service Unit (TSU) is a facility that has; (1) a formal structured arrangement for alcohol or drug treatment using alcohol or drug-specified personnel, or (2) a designated portion of the facility (or resources) for providing alcohol or drug treatment services, or (3) an allocated budget for such treatment services". Although the survey focused on TSUs, information was also collected from Activity and Outreach Centers, etc. for inclusion in a general directory. A total of 235 facilities were surveyed, of these, 144 were actual TSUs. The remaining facilities were closed or, limited their activities to prevention, crisis intervention, or hotline services. This report centers on the 144 actual TSUs, of these, 18 dispensed methadone either for maintenance or detoxification purposes.

## LIMITATIONS OF THE NDATUS

Surveys by nature are subject to many variables which should be considered in interpreting the data. First, the data presented in this report are based on a point prevalence of April 30, 1979. A point prevalence study provides a "snapshot" view of the activities at one point in time. From a broad standpoint, this permits the reader to understand the real scope of drug treatment efforts. It should be remembered, however, that when individual program data are examined, they are subject to daily fluctuations. These fluctuations are most noticeable in the utilization and census data; funding, and staff composition and the available services are somewhat more consistent.



A second variable which must be considered is that the survey is designed to accommodate federally funded programs and clinics which have been allocated a specific slot matrix. In Massachusetts, additional treatment monies are available on a fee for service basis, not confined to specific slot matrices. Specific slots are not assigned to programs and clinics in these instances. Program directors estimated their treatment capacities based on program size, staffing patterns, physical plant, and funding. Directors were asked to report their capacity as the actual number of clients which could be treated given staff, funding and physical plant considerations. Lastly, the data presented in this report were hand tabulated, rather than computer analyzed.

#### DATA COLLECTION PROCESS

The actual collection of data involved DMH staff at several levels. The survey itself was distributed by the Central Office of the Division of Drug Rehabilitation, Mental Health Services. Completed surveys were returned to Central Office through the area and regional offices. Staff in the area and regional office played a three dimensional role in the actual data collection process. Screening at these levels ensured optimum accuracy of reported data; completed surveys were expedited through the collection process by area and regional staff, and assistance was provided in contacting nonresponders. Support at these levels was an integral part of obtaining a 100% response rate. For the second consecutive year, the survey process was exemplary. Upon final EDP editing at Central Office, completed surveys were forwarded to NIDA for evaluated computer analysis. In addition to the future NIDA report, staff at the Division of Drug Rehabilitation have compiled the following statistics. Some of the 1979 data are compared with 1978 data at the end of the report.

#### TREATMENT CAPACITIES AND UTILIZATION

The NDATUS administered in 1979, required program directors to report their total budgeted capacity as well as their actual clients in treatment on April 30, 1979. For federally funded facilities, this figure was based on their slot matrix. In those situations where funding was provided by a fee for service or a combination of slot matrix with supplemental fee for service funding, directors were asked to estimate their total maximum capacities as outlined under "Limitations" above. Utilization rates were calculated based on the budgeted capacities and clients in treatment on April 30. If for example, a facility reported a capacity of 50 clients and had 40 clients in treatment on April 30, the utilization rate would be 80%. Although the rate of utilization can vary widely from day to day, programs receiving funds through federal formula 410 grants, are expected to maintain at least an 85% utilization rate.





STATEWIDE UTILIZATION

REGION	NUMBER OF TSUs	TREATMENT CAPACITY	CLIENTS IN TREATMENT	PERCENT UTILIZATION
I	19	558	531	95
II	10	305	333	109
III	18	714	690	97
IV-A	15	682	520	76
IV-B	26	707	629	89
V	25	947	838	77
VI	31	1803	1652	91
STATE TOTALS	144	5716	5193	90.9

Although there are wide differences in the utilization rates when the regions are compared (Region II and Region IV-A), more pronounced differences are evident on an area basis.

REGION I UTILIZATION

AREA	NUMBER OF TSUs	TREATMENT CAPACITY	CLIENTS IN TREATMENT	PERCENT UTILIZATION
Berkshire	2	55	56	102
Franklin-Hamp.	1	5	6	120
Holyoke-Chicopee	6	188	181	96
Springfield	5	172	168	98
Westfield	5	138	120	87
Regional Totals	19	558	531	95





The abnormally high utilization rate (120%) in the Franklin-Hampshire Area should be viewed within the context of the small number of treatment slots. If only two clients were discharged, the utilization rate would drop to 80%. The addition of 2 individuals would present a correspondingly high utilization rate.

REGION II UTILIZATION

AREA	NUMBER OF TSUs	TREATMENT CAPACITY	CLIENTS IN TREATMENT	PERCENT UTILIZATION
Blackstone	2	80	86	108
Fitchburg	1	38	58	153
Gardner-Athol	1	19	21	111
South Central	3	60	59	98
Worcester	3	108	109	101
REGIONAL TOTALS	10	305	333	109

The high utilization rate in the Fitchburg Area is the result of only one program, the L.U.K. Crisis Center which had 58 Clients in treatment on April 30, and a capacity of only 38. Some of the clients in treatment were participating in group therapy sessions. The utilization rates in the other Region II areas are also considered high when compared with other regions. The Blackstone and Worcester Areas, report high utilization rates in addition to their large treatment capacities.



REGION III UTILIZATION

AREA	NUMBER OF TSUs	TREATMENT CAPACITY	CLIENTS IN TREATMENT	PERCENT UTILIZATION
Cape Ann	2	28	35	125
Danvers-Salem	4	144	149	103
East Middlesex	2	122	94	77
Haverhill	3	42	38	90
Lawrence	1	39	43	110
Lowell	3	224	230	103
Lynn	2	40	41	102
Tri-City	1	75	60	80
REGIONAL TOTALS	18	714	690	97

Several areas in Region III present unexpected utilization rates. In the Cape Ann Area, both drug treatment programs were operating above capacity on April 30. Project NUVA, with a capacity of only 13, had 18 clients in treatment (138%). The Tri-Town Council had 17 clients and a capacity of 15 (113%). The Lynn Area (122%) has three programs, two of which were operating well above capacity; the remaining program Listen, Inc. was underutilized with 7 clients and a capacity of 15 (47%). The overutilized programs were Project Cope with 34 clients and a capacity of only 27 (126%) and Project Rap with 26 clients and a capacity of only 15 (173%).



# REGION IV-A UTILIZATION

AREA	NUMBER OF TSUs	TREATMENT CAPACITY	CLIENTS IN TREATMENT	PERCENT UTILIZATION
Cambridge-Som.	5	263	214	81
Concord	4	82	64	78
Metro-Beaverbrook	4	162	117	72
Mystic Valley	2	175	125	71
REGIONAL TOTALS	13	682	520	76

Region IV-A presents a more consistent pattern of utilization. The Metropolitan-Beaverbrook and Mystic Valley Areas appear lower in utilization than the remaining areas. The Open Road School Program in the Metro-Beaverbrook Area reported a capacity of 25 clients with only 12 individuals in treatment (48%). Excluding this program, the area utilization rate is 77%. The low utilization rate reported by this facility may well be due to a temporary reduction in their typical client load.

In the Mystic Valley Area, the Burlington Community Life Center reported a capacity of 100 and only 60 clients in treatment. This facility does not receive NIDA funding and receives only a small amount of state drug monies. The only other program in this area, the Woburn Council on Social Concern reported a utilization rate of 87%.

# REGION IV-B UTILIZATION

AREA	NUMBER OF TSUs	TREATMENT CAPACITY	CLIENTS IN TREATMENT	PERCENT UTILIZATION
Newton-Well-West.	1	94	90	96
Coastal	4	70	63	90
So Shore West	3	120	107	89
Framingham	4	44	40	91
Medfield-Norwood	11	348	307	88
Marlboro-Westboro	3	31	22	71
REGIONAL TOTALS	26	707	629	89





Compared with many other regions, the areas within Region IV-B present a more consistent pattern of utilization rates. The seemingly low rate for the Marlboro-Westboro Area is due, in part, to the Office for Youth Services Clinic. This program does not receive NIDA funding, yet has utilized state and local funds to provide 10 treatment slots. Only 5 of these slots were filled on April 30, 1979. Excluding this program, the two remaining facilities in the area report a combined rate of 81%. The reader is reminded that although the 81% is lower than the remaining areas, that represents only 21 slots (two programs); other areas have substantially more slots and small fluctuations do not appear as acutely pronounced.

#### REGION V UTILIZATION

AREA	NUMBER OF TSUs	TREATMENT CAPACITY	CLIENTS IN TREATMENT	PERCENT UTILIZATION
Attleboro	1	20	19	95
Brockton	4	95	75	79
Cape Cod & Island	4	222	210	95
Fall River	1	32	30	94
New Bedford	9	350	327	93
Plymouth	2	95	91	96
Taunton	4	133	86	65
REGIONAL TOTALS	25	947	838	88.5

The wide variation in rates among the areas in Region V should be viewed within a number of contexts. Two areas, Cape Cod and the Islands and the New Bedford Area, each maintain a large number of treatment slots and have utilized a very high proportion of these slots. The utilization rates of 3 of the 4 programs in the Taunton Area are surprisingly low; combined, the three average 57%. The fourth program, Marathon House, was operating at optimum level.



REGION VI UTILIZATION

AREA	NUMBER OF TSUs	TREATMENT CAPACITY	CLIENTS IN TREATMENT	PERCENT UTILIZATION
Dorchester	6	439	333	76
Mass. Mental Health	7	372	365	98
Boston University	6	449	445	99
Bay Cove	5	115	112	97
Boston Harbor	6	308	276	90
West-Ros-Park	1	120	121	101
REGIONAL TOTALS	31	1803	1652	92

With the exception of the Dorchester Area, Region VI reports consistently high utilization rates. Of the six programs in the Dorchester Area, only one, the National Center for Attitude Change (NCAC), reported a utilization rate above 80%. The utilization rate reported by NCAC was 107% based on a capacity of 75 and 80 clients in treatment. The remaining programs in the Dorchester Area report utilization rates as follows: the Drug Abuse Resource Center 51%; City of Boston, Blue Hill Clinic 80%; F.I.R.S.T. Outpatient 76%; Residential 52%; Peaceful Movement Center 63%.

Several individual programs in the region reported exceptionally high utilization. In the Bay Cove Area, the South Boston Action Council has a capacity of 25 yet had 35 (140%) clients in treatment on April 30. Similarly, the Bridge, Inc. in the Boston Harbor Area reported a capacity of 40 and 63 clients (158%) in treatment, in the Mass. Mental Health Center, Project Concern, with a capacity of 12 and 22 clients in treatment (183%). The Third Nail (Residential) had 34 residents and a capacity of only 25. This represents a utilization rate of 136%. As a result of this high utilization, the Third Nail was assigned additional treatment slots for the next contracting period.

In viewing the above utilization rates, the reader is reminded that all calculations are based on a one day point prevalence. Daily fluctuation, either up or down, is reflected directly in the rate. If for example, a program were to "graduate" a large number of clients on April 29, the utilization rate might appear spuriously low.



# DRUG ABUSE TREATMENT FUNDING SOURCES

Funding for drug treatment services decreased from nearly 15 million in FY'78 to about 13 million in FY'79. This represents a 13% decrease statewide.

The 13 million spent in FY'79 represents a funding mix that includes local, state and NIDA. State monies account for the largest proportion of the total (37%). NIDA funds account for 34 percent. The totals below present relevant funding information; amounts were rounded to the nearest thousand at the time they were originally reported.

## FUNDING SOURCES STATEWIDE

REGION	Health Insurance	Title XX	Private Sources	Welfare	Local Sources	State Monies	NIDA Monies	Other Federal	Client Fees	Total
I			70	30	206	264	651	61	19	1301 (10.6)
II		53	72	60	56	522	525	9	3	1300 (10.6)
III			17		350	560	589	74	86	1676 (13.6)
IV-A			107	13	176	280	392	49	23	1040 (8.5)
IV-B		16	15	13	261	525	248	178	10	1266 (10.3)
V	90	14	114	48	316	862	486	79	16	2025 (13.8)
VI	209		227	93	254	1681	1348	131	68	4011 (32.6)
TOTALS	(2.4) 299	(.7) 83	(4.9) 622	(2.0) 257	(12.8) 1619	(37.2) 4694	(33.6) 4239	(4.6) 581	(1.8) 225	(100) 12,619





\*Numbers in parentheses represent percent of row or column total.

When the funding data are viewed on a regional basis, a number of interesting observations can be seen. First, only two regions (V and VI) have experienced success in obtaining reimbursements for services from public and private health insurance carriers. Reimbursements are paid to the Lifeline program in the Fall River Area. In Region VI, two programs account for the majority of health insurance funds. The Blue Hill Drug Clinic in the Dorchester Area and the Bradston Street Clinic account for a total of 195 thousand of the total 209 thousand health insurance funds.

Title XX monies are being utilized in only three regions, Region II receives 53 thousand of these funds; this represents reimbursements to the Chandler Street Center and accounts for 64% of all Title XX drug monies spent on drug treatment in the Commonwealth. Funding levels and sources are discussed in more detail at the area level.

#### REGION I FUNDING SOURCES

AREA	Health Insurance	Title XX	Private Sources	Welfare	Local Sources	State Monies	NIDA Monies	Other Federal	Client Fees	Total
Berkshire			1		1	61	11			(5.7) 74
Franklin/Hamp.				3	10	6	16	21	8	(4.9) 64
Holyoke-Chic.			44	27	27	60	238	40	10	(34.3) 446
Springfield			9		71	99	268			(34.4) 447
Westfield			16		97	38	118		1	(20.8) 270
TOTALS	00	00	(5.3) 70	(2.3) 30	(15.7) 206	(20.8) 264	(49.7) 651	(4.7) 61	(1.5) 19	(100.1) 1301

In Region I, Primary sources of funds are state and NIDA contracts. It is worth noting, however, that a large amount of local funds have been allocated for drug treatment. This represents a necessary front line fund raising effort at the program and area level.



REGION II FUNDING SOURCES

AREA	Health Insurance	Title XX	Private Sources	Welfare	Local Sources	State Monies	NIDA Monies	Other Federal	Client Fees	Total
Blackstone			64	60		70	174			(28.3) 368
Fitchburg			8			41	25	9		(6.4) 83
Garner-Athol						12	18			(2.3) 30
S. Central						69	59			(9.8) 128
Worcester		53			56	330	249		3	(53.2) 691
TOTALS	00	(4.0) 53	(5.5) 72	(4.6) 60	(4.3) 56	(40.2) 522	(40.4) 525	(.7) 9	(.2) 3	(100) 1300

\*Numbers in parentheses represent percent of total and may not equal 100% due to rounding.

Fewer local funds are utilized in Region II when compared with Region I, however, Region II was able to secure a large amount of Title XX monies. As mentioned, these funds represent reimbursements to the Chandler St. Center.

REGION III FUNDING SOURCES

AREA	Health Insurance	Title XX	Private Sources	Welfare	Local Sources	State Monies	NIDA Monies	Other Federal	Client Fees	Total
Cape Ann			2		10	16	38			(3.9) 66
Danvers-Salem			9		98	40	59	62		(16.0) 268
E. Middlesex					29	124	42		6	(12.0) 201
Haverhill					20	53	51	8	11	(8.5) 143
Lawrence			6		120	31	31			(11.2) 188
Lowell					41	118	240		65	(27.7) 464
Lynn					32	148	46	4		(13.7) 230
Tri-City						30	82		4	(6.9) 116
TOTALS	00	00	(1.0) 17	00	(20.9) 350	(33.4) 560	(35.1) 589	(4.4) 74	(5.1) 86	(99.9) 1676



Region III programs provide treatment services with funding from fewer sources than any other region. The primary difference is the ability of Region III to provide treatment without obtaining monies from the Department of Public Welfare. Although the Tri-City Area appears to have a narrower range of funding sources, only one program (A.C.I.D.) exists in that area for NDATUS participation.

#### REGION IVA FUNDING SOURCES

AREA	Health Insurance	Title NY	Private Sources	Welfare	Local Sources	State Monies	NIDA Monies	Other Federal	Client Fees	Total
Cambridge-Som			100		60	20	295		21	(47.7) 496
Concord					16	118			2	(13.1) 136
Met-Beaverbrk			3	13	42	96	97	49		(28.8) 300
Mystic Valley			4		58	46				(10.4) 108
TOTALS	00	00	(10.3) 107	(1.3) 13	(16.9) 176	(26.9) 280	(37.7) 392	(4.7) 49	(2.2) 23	(100) 1040

The 49 thousand "Other Federal" funds in the Metropolitan - Beaverbrook Area represent funds granted to the Code Community Resource Center and the Open Road School.

#### REGION IVB FUNDING SOURCES

AREA	Health Insurance	Title NY	Private Sources	Welfare	Local Sources	State Monies	NIDA Monies	Other Federal	Client Fees	Total
New-Well-West			3		115	80		26		(17.7) 224
Coastal			2	13	6	59	61	22		(12.9) 163
S.S. West					29	63	141		10	(19.2) 243
Framingham			1		24	182	10	2		(17.3) 219
Med-Norwood		16	1		29	75	33	38		(15.2) 192
Marlboro-West			8		58	66	3	90		(17.8) 225
TOTALS	00	(1.3) 16	(1.2) 15	(1.0) 13	(20.6) 261	(41.5) 525	(19.6) 248	(14.1) 178	(.8) 10	(100.1) 1266







The Title XX funds in Region IV-B were reimbursed to Project Face, (Walpole Hotline, Inc.). This region has obtained fewer private resources than the other regions.

REGION V FUNDING SOURCES

AREA	Health Insurance	Title IV	Private Sources	Welfare	Local Sources	State Monies	MIDA Monies	Other Federal	Client Fees	Total
Attleboro					18					(.9) 18
Brockton	1		77	48	19	42	9			(9.7) 196
Cape Cod & Isle		11	22		44	146	114		2	(16.7) 339
Fall River	86					47	41		1	(8.6) 175
New Bedford	3		15		237	92	322	79	12	(37.5) 760
Plymouth					16	88				(5.1) 104
Taunton		3				429			1	(21.4) 433
TOTALS	(4.4) 90	(.7) 14	(5.6) 114	(2.4) 48	(15.6) 316	(42.6) 862	(24) 486	(3.9) 79	(.8) 16	(100) 2025

Region V is one of only two regions that have secured reimbursements from the public and private health insurance carriers. The major portion (96%) of third party funds were paid to the Lifeline Program, St. Anne's Hospital in Fall River. Only three thousand third party payment dollars were reimbursed to programs in the New Bedford Area and one thousand in the Brockton area.



# REGION VI FUNDING SOURCES

AREA	Health Insurance	Title Ny	Private Sources	Welfare	Local Sources	State Monies	NDA Monies	Other Federal	Client Fees	Total
Dorchester	80		17	75	10	279	244		10	(17.8) 715
Mass. Mental H.	7		142	4	130	377	244		18	(23.0) 922
Boston Univ.	115		39	14		403	653		26	(31.2) 1250
Bay Cove					19	136	118	11	4	(7.2) 288
Boston Harbor	7		29		95	380	89	120	10	(18.2) 730
West-Ros-Park						106				(2.6) 106
TOTALS	(5.2) 209	00	(5.7) 227	(2.3) 93	(6.3) 254	(41.9) 1681	(33.6) 1348	(3.3) 131	(1.7) 68	(100) 4011

Region VI differs from the other regions in its higher concentration of methadone programs and therapeutic communities. Operating costs for these programs is substantially higher than other types of treatment. The City of Boston operates several programs which are obtaining funds from third party resources. The Bradston Street Clinic for example, obtained 115 thousand in third party funds.

## UTILIZATION AND FUNDING BY REGION

The table below presents a breakdown by regions of the percent of total funds allocated for drug treatment, and each region's share of the available treatment slots and clients in treatment.

## REGIONAL CHARACTERISTICS

REGIONS	I	II	III	IVA	IVB	V	VI	TOTAL
% of Total Funds	10.4	10.3	13.0	8.3	10.0	16.1	31.9	100
% of Total Slots	9.6	5.2	11.3	11.7	12.1	19.0	31.0	99.9
% of Total Clients	10.3	6.5	12.0	10.1	12.2	16.6	32.2	99.9

As has been demonstrated in previous years, Region II appears to have a disproportionate amount of funds (10.3%) for its share of the total treatment slots (5.2%). The abnormally high cost per client in this region is due primarily to a concentration of programs such as the facilities at Worcester State Hospital and Spectrum House. It is interesting to note how closely the percent of funds and the percent of slots match in the other regions. Region VI is an example.



# STAFFING PATTERNS IN TSUs

Drug programs typically operate with a director, several counselors and supporting administrative staff. Methadone treatment or detoxification programs have additional staff with medical and pharmaceutical training. The counseling staff in a treatment facility can vary from paraprofessionals who possess firsthand knowledge of drug problems to individuals with a high level of academic skills and training. This staffing mixture is considered important in the delivery of comprehensive drug treatment. In some programs, ancillary services such as vocational counseling require staff with particular skills. In interpreting the data presented below, the reader is reminded that only one day of the year is reflected in the figures, and staffing patterns vary according to the individual needs of each area and region.

## KEY TO GROUPINGS

MD	-- Both physicians and psychiatrists, full or part time
Ph.D	-- Ph.D. level psychologists, full or part-time
Counselor	--Professional and paraprofessional counselors, social workers, advocates, MA psychologists, nurses, etc.
Administrative	--Full and part time administrative staff
F.T. Vol.	--Full time volunteers regardless of function
P.T.Vol.	--Part time volunteers regardless of function
Other	--Trainees, etc.

## STAFF COMPOSITION STATEWIDE

REGION	PAID STAFF					VOLUNTEER		TOTAL
	M.D.	Ph.D	Couns.	Admin.	Other	F.T.	P.T.	
I	7	4	88	22	3	4	44	172
II	6	4	71	27	5			113
III	5	3	124	43	12		48	235
IV-A	3	5	54	19	9		43	133
IV-B	2	7	124	37	16	5	122	313
V	9	16	104	64	8	4	103	308
VI	35	12	304	119	17	5	73	565
STATE TOTALS	67	51	869	331	70	18	433	1839





STAFF CATEGORIES BY PERCENT OF TOTAL

	M.D.	Ph.D	Couns.	Admn.	Other	Volunteer F.T. P.T.		Total
STATE TOTALS	67	51	869	331	70	18	433	1839
% OF TOTAL STAFF	3.6	2.8	47.3	18.0	3.8	.1	23.5	99.1*

\* Total does not equal 100% due to rounding.

It is interesting that 23.5% of the total staff statewide are part-time volunteers. This is a significant decrease from the 37% found in the 1978 NDATUS.

The large number of methadone programs in Region VI is responsible for the high proportion (52% of the state total) of physicians in that region. Nurses and other medically trained personnel are listed under "counselor". Regions IV-B, V and VI contain 71% of the part-time volunteers statewide.

REGION I STAFF COMPOSITION

AREA	M.D.	Ph.D	Couns	Admin.	Other	Volunteer F.T. P.T.		TOTAL
Berkshire		1	6		1	2	4	14
Franklin-Hampshire			12	2			20	34
Holyoke-Chicopee	6	1	34	6	2		1	50
Springfield	1	2	19	11		2	3	38
Westfield			17	3			16	36
TOTALS	7	4	88	22	3	4	44	172



The six physicians in the Holyoke-Chicopee Area are retained by four different drug programs most of these programs are hospital affiliated. The 20 volunteers in the Franklin-Hampshire Area are volunteers at the Hampshire Correctional facility program.

REGION II STAFF COMPOSITION

AREA	M.D.	Ph.D	Couns.	Admin.	Other	Volunteer		TOTAL
						F.T.	P.T.	
Blackstone	1	3	19	11	2			36
Fitchburg			4	3	1			8
Gardner - Athol		1	2					3
South Central			10	4				14
Worcester	5		36	9	2			52
TOTALS	6	4	71	27	5	00	00	113

Four of the five physicians in the Worcester Area were on the staff of the Chandler Street Center



REGION III STAFF COMPOSITION

AREA	M.D.	Ph.D	Couns.	Admin.	Other	Volunteer		TOTAL
						F.t	P.T	
Cape Ann	2		20	9	4		18	53
Danvers-Salem		2	18	6	1		5	32
East Middlesex		1	11	2			4	18
Haverhill	1		20	4	3			28
Lawrence			10	5	2		2	19
Lowell	1		17	7				25
Lynn			18	10	2		19	49
Tri-City	1		10					11
TOTALS	5	3	124	43	12	00	48	235

Of the 18 part-time volunteers in Cape Ann Area, 17 were volunteering their services at the Tri-Town Council.

REGION 1V-A STAFF COMPOSITION

AREA	M.D.	Ph.D	Couns.	Admin.	Other	Volunteer		TOTAL
						F.T	P.T.	
Cambridge-Somerv.	2	1	16	4			2	25
Concord	1	1	18	2			1	23
Metro-Beaverbrook		2	14	8	3		24	51
Mystic Valley		1	6	5	6		16	34
TOTALS	3	5	54	19	9	00	43	133





Two areas in Region IV-A utilize a large number of part-time volunteers. The Code Community Resource Center in Metropolitan-Beaverbrook Area accounts for all 24 of the part time volunteers in that area.

REGION IV-B STAFF COMPOSITION

AREA	M.D.	Ph.D.	Couns.	Admin.	Other	Volunteer		TOTAL
						F.T.	P.T.	
Newton - Wellesley-Weston	1		11	4			22	38
Coastal	1	2	22	13	2		1	41
South Shore West			14	2	2			18
Framingham		1	24	5			11	41
Medfield-Norwood		1	39	10	11	5	70	136
Marlboro-Westboro		3	14	3	1		18	39
TOTALS	2	7	124	37	16	5	122	313

The large number of volunteers in the Medfield-Norwood Area are the result of three programs. The Walpole Hotline has 30 part-time volunteers. The Foxborough Resource Center has 15 and Sharon Operation Services has 10. The remaining part-time volunteers are utilized by the Job Workshop and several prison components. This area also has the largest number of counselors and administrative back-up personnel.



REGION V STAFF COMPOSITION

AREA	M.D.	Ph.D	Couns.	Admin.	Other	Volunteer		TOTAL
						F.T.	P.T.	
Attleboro			2	3				5
Brockton			12	6	6	1	40	65
Cape Cod & Islands	1		27	8			32	68
Fall River	1	1	4	2			2	10
New Bedford	5	9	34	36		3	7	94
Plymouth			8	1			10	19
Taunton	2	6	17	8	2		12	47
TOTALS	9	16	104	64	8	4	103	308

Several areas in Region V are worth discussion. The New Bedford Area has the largest number of physicians and Ph.D psychologists. Of the nine (9) program clinics in the area, 5 have one physician each. With the exception of the Aid Center, each clinic retains at least one Ph.D. psychologist. The Cape Cod and Brockton Areas have made effective use of part-time volunteers. Pousto in Brockton uses 37 part-time volunteers; Project Help in Cape Cod Area utilizes 25 part-time volunteers.



REGION VI STAFF COMPOSITION

AREA	M.D.	Ph.D	Couns.	Admin.	Other	Volunteer		TOTAL
						F.T.	P.T.	
Dorchester	5	1	52	13	2		3	76
Mass Mental Health	18	3	100	47	1		3	172
Boston University	5	6	70	27		5	19	132
Bay Cove	4	1	27	15	4		3	54
Boston Harbor	3	1	43	17	10		43	117
West-Ros-Park			12				2	14
TOTALS	35	12	304	119	17	5	73	565

Region VI differs from the other regions in the Commonwealth in that it has a higher concentration of methadone programs. As expected the number of physicians is much higher in this region. The Mass. Mental Health Area for example, had 15 physicians at the Washingtonian Center for Addictions at the time of the survey. The drug clinics of the City of Boston program account for a large proportion of the remaining MD's. Supporting medical staff such as nurses, pharmacists, etc. are accounted for under "counselor", raising this total to 304 individuals region-wide. Compared with other regions, Region VI does not have a disproportionately large number of part-time volunteers. The number of administrative staff is proportionately higher across the region due to the nature of methadone programs.

AVAILABLE SERVICES

In completing the survey, program directors identified the various types of services available at their facilities. These services are broad in scope and have been grouped into several categories reported below. The figures presented below represent the number of participating facilities offering a particular service. If, for example, a program offered two different services, it is counted once under each service. The services are grouped according to the key below. All of the programs and clinics are treatment service units and provide out patient drug treatment in addition to the various services described below.

KEY

---	Methadone Maintenance and/or Detoxification
---	Education, Information, Prevention and/or Vocational Services
---	Hotline and Crisis Intervention
---	Outreach into the community





SERVICES STATEWIDE  
NUMBER OF PROGRAMS OFFERING SERVICES

REGION	METHADONE	EDUCATION	HOTLINE	OUTREEACH
I	2	15	2	15
II	2	9	4	8
III	1	14	8	12
IV-A	1	12	1	9
IV-B		22	3	14
V	4	17	11	18
VI	8	18	4	18
STATE TOTALS	18	107	33	94

It is evident from the table above that the various types of services are not distributed evenly throughout the regions. This should not be interpreted as representing unmet needs or excessive services in a particular region. The size and characteristics of each region vary and services are distributed accordingly. A more detailed breakdown of services is obtained when the individual areas are observed. It should be remembered that all 144 programs and clinics provided drug abuse counseling regardless of the availability of other services. In addition, some services such as hotlines are available yet are not counted because of their lack of formal drug counseling.

REGION I SERVICES  
NUMBER OF PROGRAMS OFFERING SERVICES

AREA	METHADONE	EDUCATION	HOTLINE	OUTREACH
Berkshire		2		1
Franklin-Hampshire				1
Holyoke-Chicopee	2	4	2	3
Springfield		4		5
Westfield		5		5
TOTALS	2	15	2	15



REGION II SERVICES

AREA	METHADONE	EDUCATION	HOTLINE	OUTREACH
Fitchburg		1	1	1
Gardner-Athol		1		1
Blackstone		2	1	2
South Central		2		3
Worcester	2	3	2	1
Regional Totals	2	9	4	8

The two methadone facilities in the Worcester Area are the Worcester State Hospital and the Chandler Street Center.

REGION III SERVICES

AREA	METHADONE	EDUCATION	HOTLINE	OUTREACH
Lawrence		1	1	1
Lynn		2	2	2
East Middlesex		2	1	2
Tri- City		1		
Danvers-Salem		3		3
Cape Anne		2		2
Haverhill		2	1	2
Lowell	1	1	3	
REGIONAL TOTALS	1	14	8	12

Share in the Lowell Area is the only facility offering methadone services in this region.



REGION IV-A

AREA	METADONE	EDUCATION	HOTLINE	OUTREACH
Metro-Beaverbrook		3		4
Mystic Valley		2		2
Cambridge-Somerville	1	4		3
Concord		3	1	
REGIONAL TOTALS	1	12	1	9

The Cambridge Hospital Narcotics Treatment Unit is the only facility providing methadone treatment services in Region IV-A.

REGION IV-B

AREA	METHADONE	EDUCATION	HOTLINE	OUTREACH
Newton-Wellesley-Weston		2		1
Coastal (S. Shore E.)		3		2
South Shore West		4	1	4
Greater Framingham		3		1
Medfield-Norwood		7	2	3
Westboro-Marlboro		3		3
REGIONAL TOTALS		22	3	14





REGION V SERVICES

AREA	METHADONE	EDUCATION	HOTLINE	OUTREACH
Cape Cod & Islands		4	2	3
Brockton		3	2	3
Fall River	1	1		1
Attleboro				1
New Bedford	3	3	5	7
Plymouth		2	1	2
Taunton		4	1	1
REGIONAL TOTALS	4	17	11	18

The New Bedford Area has three facilities providing methadone services: the House of Correction Detoxification Unit, the Detoxification Unit at the Human Services Center and, the Human Services Center Maintenance Program. The New Bedford Area is also notable due to its large number of hotline and crisis intervention capabilities.

REGION VI SERVICES

AREA	METHADONE	EDUCATION	HOTLINE	OUTREACH
Boston State (Dorch.)	1	2		2
Boston University	2	4	1	3
Harbor Area	1	3	2	4
Mass Mental Health	2	5	2	5
Tufts (Bay Cove)		3		3
West-Ros-Park		1		1
REGIONAL TOTALS	6	18	5	18



The data on available services indicates a number of interesting patterns. As expected, there is a preponderance of methadone programs in Region VI. Region III and V contain the largest numbers of hotlines. Although one might expect to see more hotlines in the more rural areas such as Region I and II, the higher density of population in Regions III and V seem to provide an increased need for such services. In Region VI, only 5 TSUs provide hotline services, these efforts are supplemented by several major hotlines such as the Samaritans and Project Place which provide crisis intervention yet do not qualify as TSUs for inclusion in the survey.

#### HOURS OF AVAILABLE SERVICES

Although the hours of TSUs vary according to the particular needs of each community, some general patterns do exist. The hours of operation have been collapsed into a number of broad categories and are described below.

#### KEY

9-5 = (regular business week)	9-9+ = (weekdays with some hours after 9PM or some weekend hours)
9-5+ = (regular business week plus one or two evenings or some weekend coverage)	24hrs. = (24 hrs./day, 7 days/week)
9-9 = (weekdays)	Other = (hours not otherwise listed, including Methadone Programs)

#### HOURS OF AVAILABLE SERVICES STATEWIDE

Regions	9am-5pm	9-5+	9-9	9-9+	24hrs.	"other"	Total Programs
I	2	10	2		2	3	19
II	2	4			3	1	10
III	2	9	1	2	1	3	18
IVA	3	1	1	3	1	6	15
IVB	4	3		2	4	13	26
V	5	8	2	4	4	2	25
VI	1	11		5	11	3	31
State Totals	19	46	6	16	26	31	144

The above table illustrates the actual number of programs open during the specified schedules. Totals for the state are also provided. When the total programs are viewed by percentage open during the various schedules, the following represents the 144 TSUs.



# PERCENTAGES OF PROGRAMS OPEN DURING VARIOUS HOURS

Hours	9-5	9-5+	9-9	9-9+	24hrs.	other	Total
Percent of Total	13.2	31.9	4.2	11.1	18.1	21.5	100
Total Number	19	46	6	16	26	31	144

The above total indicates that at least 65% of the facilities statewide are open beyond the standard business week. Many of the facilities listed as "other" have hours beyond 9-5. Many of the programs listed as operating on a 24 hour basis are residential facilities and hospital detox units. These facilities offer 24 hour services to the community at large. As expected, there is a preponderance of 24 hour facilities in Region VI. In describing the "typical" drug treatment facility, it appears to be open at least 9 to 5 weekdays with at least 66% of the total facilities open at least some nights and/or weekends.

## VARIATION FROM LAST YEAR'S SURVEY

Some of the more pronounced differences in the survey results between 1978 and 1979 are described below.

In the 1978 NDATUS, 156 actual TSUs were identified and surveyed compared with 144 in the 1979 Survey. The decrease in TSUs represents a number of programs closing during that time period. While federal and state treatment slots may be reassigned when a program closes, local funds may not be available to supplement the newly reassigned slots, resulting in an overall decrease in capacity.

According to the survey results, the statewide capacity dropped from 7671 in 1978 to 5716 in 1979. This difference may be the result of a number of variables. First, program directors may have developed more expertise in estimating their capacities due to experience with previous NDATUS surveys. Second, in a period of decreased funding and inflation, a decrease in capacity may be expected due to less purchasing power of the drug funds. Third, some of the decrease may be due to a redistribution of treatment slots from one environment to another. If, for example, a particular region identifies a need for residential treatment, and a decrease in need for outpatient services, the transition will result in an actual decrease in slots due to the added costs of residential services.

The utilization rates also changed for the two points of time measured, on April 30, 1978 the statewide utilization rate was 82% (based on a capacity of 7671 and 6237 clients in treatment). On the same date in 1979, the overall utilization was 88% based on a capacity of 5831 and 5136 clients in treatment, the decrease in capacity between the two years is seen as a contributing factor. The increase in utilization is noted in all but one region. The two years are illustrated below.





UTILIZATION, TWO YEARS COMPARED

REGION	1978*	1979	% Change
I	81	95	+15%
II	102	109	+ 6%
III	83	94	+12%
IV-A	83	76	-8%
IV-B	80	89	+10%
V	78	88.5	+12%
VI	81	91	+11%
STATEWIDE CHANGE	82%	91%	+10%

In 1978, programs participating in the survey reported a total of \$14,928,000 from all sources. The results of the 1979 survey reflects a total of \$12,619,000. This decrease of \$2,344,000 represents a decrease of 15.5% in real dollars, in addition to the decrease in purchasing power due to inflation. For purposes of comparison, certain 1978 and 1979 funding data are reprinted below.

FUNDING, TWO YEARS COMPARED \*\*

SOURCE	1978*	Percent	1979	Percent	% Change
Health Insur.	44	.3	299	2.4	+ 680%
Title XX	129	.9	83	.7	- 36%
Private Sources	794	5.3	622	4.9	- 22%
Welfare	803	5.4	257	2.0	- 68%
Local Sources	2,589	17.3	1,619	12.8	- 37%
State	4,485	30	4,694	37.2	+ 4.5%
NIDA	4,219	28.3	4,239	33.6	-----
LEAA	488	3.3	---	----	-----
Other Federal	1,139	7.6	581	4.6	- 49%
Client Fees	238	1.6	225	1.8	- 5%
TOTALS	14,928	100	12,619	100	- 15.47%



The most noticeable increase in funding occurred in the "Health Insurance" category. At the time of the 1978 survey, only 44,000 of these funds were being utilized in the state. This entire amount was reimbursed to programs in Region VI. This total increased to 299,000 at the time of 1979 survey; 90,000 and 209,000 went to Regions V and VI respectively.

A significant decrease was noted in Welfare monies during the survey period. This decrease is presented in the table below.

DECREASE IN WELFARE FUNDS \*\*

REGION	I	II	III	IVA	IVB	V	VI	TOTAL
1978*	62	77	33	-	74	50	507	803
1979	30	60	-	13	13	48	93	257
CHANGE	-32	-17	-33	+13	-61	-2	-414	-546

\* Source: Rendell, R.C., A Description of Available Drug Treatment Services in Massachusetts on April 30, 1978, (Commonwealth of Massachusetts, Publication No. 111, 78-40-250-1-79, 1978. P.2.)

\*\* Totals are rounded to the nearest thousand.

Another large decrease is seen in the "Other Federal" category. This result is surprising due to the fact that the L.E.A.A. funds were reported under L.E.A.A. in 1978, and included under "Other Federal" in 1979. This should inflate the total or, counterbalance any decrease unless the decrease was substantial.

CHANGES IN STAFFING PATTERN

Statewide staffing patterns changed according to the 1978 and 1979 survey results. The table below illustrates actual numerical changes in each category.

CHANGES BY REGION

REGION	M.D.	Ph.D	Couns.	Admin.	Other	Volunteer F.T. P.T.	TOTAL
I	0	-10	+25	-7	-20	+3 +19	+ 10
II	+2	- 3	+5	+ 1	- 7	0 -74	- 76
III	-1	- 8	- 8	- 4	- 4	- 1 -32	- 58
IVA	+1	- 2	+ 3	+ 2	- 1	0 -136	-133
IVB	+1	- 7	+29	- 3	+ 6	+ 2 -30	- 2
V	-3	- 4	-20	+10	-14	-23 -56	-110
VI	+2	- 4	+34	+29	-56	+ 3 -83	- 75
State Totals	+2	-38	+68	+28	-96	-16 -392	-444



As the above table indicates, there were major decreases in certain categories of staff. Decreases are seen in the number of Ph.D.s. particularly in Region I. Individuals identified as "Other", including trainees decreased substantially and there was a downward trend in part-time volunteers. These results are not surprising considering the overall decrease in available funds. Many programs may have realigned their staffing patterns to ensure the continuity of direct counseling services. The increase of 68 individuals in the "Counselor" category supports this concept.

#### GENERAL SUMMARY

The 100 percent response rate in the survey for the second successive year indicates a high level of cooperation on the part programs and clinics to provide accurate data on drug treatment, funding and utilization. When viewed from a state-wide perspective, fewer programs existed in 1979, however, the percent utilization increased from 82% in 1978 to 88% in 1979. This indicates an increased focus on the direct treatment of drug abusing clients. Changes in staffing patterns in 1979 reflect an increase in counselors and administrative support staff and a decrease in ancillary personnel. Decreases in funding from 1978 to 1979 are seen as the main cause of these trends.

There has been general agreement that federal funds will be decreased in the near future necessitating a further realignment of services. Programs and clinics which rely heavily on local, state and federal funds need to carefully examine their available services and funding sources. Those programs which qualify should begin to examine the various third party payment systems as a possible source of revenue. Programs and clinics which do not qualify for these payments should consider focusing on actual treatment and minimizing their ancillary services.





## Region

Appendix A																	Region
Utilization				Funding Sources							Staffing						
Treatment Capacity	Percent Utilization	Health Insurance	Title XX	Private Sources	Welfare	Local	State	NIDA	Other Federal	Client Fees	MDS	Ph.D.s	Counsel	Admin.	Other	F.T. Vol.	P.T. Vol.
BERKSHIRE AREA																	
10	140		1	1	1	43	11				1	5				2	4
45	93					18						1		1			
FRANKLIN-HAMP AREA																	
5	120			3	10	6	16	21	8			12	2				20
HOLYOKE-GHILCOPEE AREA																	
25	76				6	11	37	36			2		5	1	3		
9	111					11	7						3	2			1
19	89		15				21		10		2	1	3	1			
13	100		1		16	6	42	4					3				
112	96		28	27		32	124				1		11	1	1		
10	150				5	7					1		9	1	1		









## Region II

[illegible]



## Appendix A

[illegible]













### Region III Cond'I

[illegible]









Appendix A Region IV-A CONT'D

## Region

IV-A CONT'D

[illegible]



## Appendix A

## Appendix A

Appendix A										Region IV-B									
Utilization				Funding Sources							Staffing								
Area or Program	Treatment Capacity	Percent Utilization	Health Insurance	Title XX	Private Sources	Welfare	Local	State	NIDA	Other Federal	Client Fees	MDS	Ph.D.s	Counsel	Admin.	Other	F.T. Vol.	P.T. Vol.	
WEST. WELLESLEY-WESTON	94	96		3			115	80		26		1		11	4				
I.W.M. MULTI-SERV. CTR.																	22		
COASTAL AREA																			
KEYMOUTH YOUTH OFFICE	12	100					6	11		3				4			1		
FAMILY COUN.+GUID.	3	33								3		1		1	1				
S.SHORE COUN. ON A.C.	40	88						10					1	13	8	2			
PROJECT TURNABOUT	15	100		2	13		38	61	16				1	4	4				
S.SHORE WEST AREA																			
SURVIVAL (out Pt)	90	90					42	38			10			5	1	1			
WHITEMAN HOUSE	22	100					29	21	94					8	1	1			
SURVIVAL (INDEP. LIV)	8	50							9					1					



## Region IV-B CONT'D

[illegible]









## Appendix A

Area or Program	Appendix A										Region V					
	Utilization			Funding Sources							Staffing					
	Treatment Capacity	Percent Utilization	Health Insurance	Title XX	Private Sources	Welfare	Local	State	NIDA	Other Federal	Client Fees	MDS	Ph.D.s	Counsel	Admin.	Other
ATTLEBORO AREA	20	95						18					2	3		
ATTLEBORO DRUG COUN.																
BROCKTON AREA																
PHANEUF CENTER	7	71		15	38	9	30						5	2	1	3
POUSTO	25	64		3				9					1			37
PHANEUF (OUTPATIENT)	40	75		9		10	12						2	2		
TEEN CHALLENGE	23	104	1	50	10								4	2	6	
CAPE COD AND ISEL.																
RETOCOM PROJECT	50	98				32	127						13	1		
PROJECT (MARTHAS VIN)	30	60		22			9						4	1		
PROVINCETOWN DROP-IN	87	102	11					105				1	7	3		7
PROJECT HELP	55	98				12	10	9		2			3	3		25







## Region V CONT'D

[illegible]





Appendix A										Region VI									
utilization				Funding Sources							Staffing								
Area or Program	Patient Capacity	Percent Utilization	Health Insurance	Title XX	Private Sources	Welfare	Local	State	NIDA	Other Federal	Client Fees	MDS	Ph.D.s	Counsel	Admin.	Other	F.T. Vol.	P.T. Vol.	
DORCHESTER AREA																			
D.A.R.C.	25	72						140	24			1		15	8				
BLUE HILL CLINIC	129	80	80						126		10	2		8	1				
FIRST (OUTPATIENT)	25	76			7	13		8	15					3					
PEACEFUL MOVEMENT	160	63						45						5	1	2		2	
FIRST (RESIDENTIAL)	25	52			10	42	10	23	28				1	10					
N.C.A.C.	75	107				20		63	51			2		11	3		1		
MASS. MENTAL HEALTH																			
PROJECT CONCERN	12	183			8	4		62						9	5				
THIRD NAIL (RESID)	25	136			95			16	97				2	15	3		2		
THIRD NAIL (A'CARE)	50	91			11			34	47					7	1	1			
WASHINGTONIAN CTR.	79	95						145				15	1	38	34		1		
DARE	30	90			26	20		35						8					
NEW PERSPECTIVES SCH.	50	92			2	110		70			8	2		14	2				
BRIGHTON CLINIC	126	90	7					15	100		10	1		9	2				



## Appendix A

Appendix A																			Region VI Cont'd	
Area or Program	Utilization			Funding Sources							Staffing									
	Treatment Capacity	Percent Utilization	Health Insurance	Title XX	Private Sources	Welfare	Local	State	NIDA	Other Federal	Client Fees	MDS	Ph.D.'s	Counsel	Admin.	Other	F.T. Vol.	P.T. Vol.		
BOSTON UNIV. AREA																				
BRADSTON ST. CLINIC	157	111	115				100	125			26	4		12	3					
CONCILIO (MASS. AVE.)	25	80			24	14	50	207					2	12	3		2			
CONCILIO (DUPLY ST.)	60	100			12		26	65					2	12	3		2	4		
CONCILIO (GREEN ST.)	59	69			3		22	65					2	12	3		2	4		
WOMEN INC.	28	79					44	66					10	10						
B.U. DRUG CLINIC	120	106					161	125				1		12	5		1	9		
BAY COVE AREA																				
TRIO HOUSE	25	92						118			4	1		7	8		2			
NEW ENG. MED. CTR.	20	120					50					2	1	8	3		2			
FAMILY COUN.+GUID.	20	45							11			1		3	2					
S.BOSTON ACTION COUNCIL	25	140					19	47						5	2					
ED. DORCH. NEIGHBORHO	25	81					39							4				3		



## Region VI Cond'T

Area or Program		Utilization			Funding Sources								Staffing						
		Treatment Capacity	Percent Utilization	Health Insurance	Title XX	Private Sources	Welfare	Local	State	NIDA	Other Federal	Client Fees	MDS	Ph.D.s	Counsel	Admin.	Other	F.T. Vol.	P.T. Vol.
BOSTON HARBOR AREA																			
HAVE INC.		65	85		5		83	112		110				18	8	10		2	
CARE ABOUT NOW		24	83					48						4					
E. BOSTON DRUG REHAB.		129	72	7				70	40		10	2		7	4				
BRIDGE INC.		40	158		6		2	68					1	5	1			36	
KENNEDY CENTER		30	100					22						3					
E.BOST. DRUG ACTION		20	75		18		10	60	49	10		1		6	4			5	
WEST ROX-ROSLIN-PARK																			
S.W. BOST. COMM SERV.		120	101				106							12				2	
												</							

